

CAP Number _____

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Complaint of Brutality - Excessive Force

I, _____, age _____

Address: _____

Phone: _____

do hereby swear or affirm that the information stated herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

The above-named applicant has made the following complaint against

_____	_____	_____
Rank	Name	I.D. No.

of the Maryland Capitol Police. The complaint is based on the following factual information or observations. **NOTE: Complaint must sign all copies**

I hereby certify that on this _____ day of (month) _____ (year) _____, before me, a Notary Public of the State of, _____ in and for the County of _____, the said named _____ appeared before me and made oath in due form of the law that the foregoing information is true and correct.

Signature: _____ Date my commission expires: _____

Distribution: **Original** - Original Case File **Copy** – Employee